

A breakthrough in lymphoma therapy

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Redirection of the immune system using bispecific antibodies (BsAb) and chimeric antigen receptor (CAR) T-cells represents an ongoing revolution in the treatment of many lymphoid malignancies, including diffuse large B-cell lymphoma (DLBCL) and multiple myeloma (MM). The above-mentioned T-cell-engaging therapies have significantly improved the treatment of both these diseases, and current publications and guidelines underscore their increasing role. Bispecific antibodies represent a viable, off-the-shelf, quick, and ready-to-use therapy option. In this issue, their use is discussed, with special emphasis on those already registered in the therapy of DLBCL [1].

Multiple myeloma is another disease entity in which T-cell-engaging therapies pose a highly viable treatment option in relapsed and refractory cases. Although numerous novel therapies have been developed for MM, lenalidomide, due to its immunomodulatory activity, is often used as a backbone of anti-MM induction and maintenance therapies. Although the compound is effective, secondary malignancies can arise as a complication of its use. Therapy-related myeloid neoplasms are severe secondary malignancies that have been described in a small subset of MM patients. However, due to a poor prognosis, they should be taken into consideration during therapy. Kubicki et al. have produced an in-depth review of this topic for this issue [2].

Post-transplant lymphoproliferative disorder (PTLD) is classified as an immune-associated lymphoproliferative disease that occurs as a consequence of loss of control of Epstein-Barr virus (EBV)-infected B-cells following hematopoietic stem cell or solid organ transplantation. The reduction of immunosuppression, and rituximab, and risk-adapted immunochemotherapy, form the standard therapeutic options for the treatment of this transplant complication.

Yet even despite their use, the outcome of the treatment is often poor due to infectious complications or refractoriness of the disease.

Tabelecleucel is a T-cell product including EBV-specific T-cells originating from third-party EBV-seropositive donors and it offers an on-demand, allogeneic T-cell immunotherapy for PTLT, as well as potential treatment of other EBV-positive malignancies and diseases [3].

Article information and declarations

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Conflict of interest

The author declares no conflict of interest.

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References:

1. Danecki M, Jurczak W. Bispecific antibodies in relapsed/refractory diffuse large B-cell lymphoma. *Acta Haematol Pol.* 2024; 55(4): 186–191, doi: [10.5603/ahp.100752](https://doi.org/10.5603/ahp.100752).
2. Kubicki T, Adamska M, Żyłka K, et al. Therapy-related myeloid malignancies in patients with multiple myeloma. *Acta Haematol Pol.* 2024; 55(4): 192–201, doi: [10.5603/ahp.101051](https://doi.org/10.5603/ahp.101051).
3. Styczyński J, Pogorzała M, Sadlok J. Tabelecleucel: a new therapeutic option in refractory EBV-PTLD. *Acta Haematol Pol.* 2024; 55(4): 202–208, doi: [10.5603/ahp.101636](https://doi.org/10.5603/ahp.101636).

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